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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 803104 (9)
 1. Corporation Name
SKANDIA U.S. INSURANCE COMPANY



Principal Place of Business: **55 ALHAMBRA PLAZA CORAL GABLES FL 33134**
 Mailing Address: **55 ALHAMBRA PLAZA CORAL GABLES FL 33134-5203**

3. Date Incorporated or Qualified: **01/20/1927**
 3a. Date of Last Report: **07/24/1996**
 4. FEI Number: **06-1243827**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **FLORIDA INSURANCE COMMISSIONER, CAPITOL BUILDING, TALLAHASSE FL**
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ-SCOTT, MARIA	1.2 NAME	
STREET ADDRESS	55 ALHAMBRA PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ-SCOTT, MARIA	2.2 NAME	
STREET ADDRESS	55 ALHAMBRA PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, NANCY P	3.2 NAME	
STREET ADDRESS	55 ALHAMBRA PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLODMAN, HANS B	4.2 NAME	
STREET ADDRESS	BARKS VAG 15, SOLNA S-103 50	4.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKHOLM SW	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNISH, LEBBEUS M	5.2 NAME	
STREET ADDRESS	3621 HOLLY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, DAVID A	6.2 NAME	Hanson, David A.
STREET ADDRESS	900 MERCANTILE BAK BLDG	6.3 STREET ADDRESS	900 Mercantile Bank Bldg. 800 S.W.
CITY-ST-ZIP	TOPEKA KS	6.4 CITY-ST-ZIP	Jackson Ave., Topeka, KS 66612

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria L. Rodriguez-Scott* **MARIA L. RODRIGUEZ-SCOTT** Date: **3/17/97** Daytime Phone #: **(305) 461-7405**

CR2E034 (9/96)

**SKANDIA U.S. INSURANCE COMPANY
1997 ANNUAL CORPORATION REPORT**

ITEM 13. Names and Street Addresses Of Each Officer and Director

Title	Name	Street Address	City and State
7. D/V	Mikaelsson, Ulf	Barks vag 15, Solna S-103 50	Stockholm Sweden
8. D	Karns, Larry	900 Mercantile Bank 800 S.W. Jackson	Topeka, KS 66612
9. D	Nystrom, K. Kirk	900 Mercantile Bank 800 S.W. Jackson	Topeka, KS 66612
10. AS	Stiefel, Carol G.	55 Alhambra Plaza	Coral Gables FL 33134